

De illusie van inclusie

wonen en leven in de wijk

voor mensen met een psychiatrische aandoening

The illusion of inclusion

housing and living in the neighbourhood

for people with a psychiatric disorder

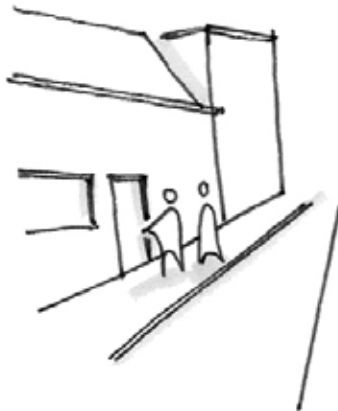
Reflection

Vulnerable people with a psychiatric disorder are no longer staying in institutions outside of society, from now on they will live in the neighbourhood, in the so called 'inclusive society'. In reality, some challenges need to be overcome such as loneliness and social isolation while living independent, negative stereotyping and stigmatisation of people with psychiatric disorders, absence of the necessary safety nets of outpatient care, a lack of suitable low-cost rental housing and a society that is not entirely inclusive, resulting in, among others a high 'Not In My Backyard' attitude towards these people. This is to be seen as 'the illusion of inclusion'.

Psychiatric care has always been the sector that is influenced most directly by the conceptions of man and society. Again, psychiatric care will be influenced by societal, economic and social factors, and herewith also its built environment. The, politically driven, changing position and housing of vulnerable people causes society to increasingly come in touch with them. This requires an adjustment of both groups, on the one hand clients again have to 'learn' how to live and participate in society, on the other hand society has to make way for these people and accept that vulnerability is also a part of society. In this issue the neighbourhood and the house play an important role; these elements can support vulnerable people in their recovery and sense of safety and belonging.

In my research I aimed to develop architectural principles to enable psychiatric patients to live independently within the neighbourhood. These architectural principles were developed by means of a literature review, best practices and interviews. From the literature review four research themes are distilled; loneliness and social isolation, stigmatisation in a not completely inclusive society, the neighbourhood and housing. These themes are the obstacles to overcome for independent living and will be researched socially as well as spatially. In literature about living independently with a psychiatric disorder not much has been written about actual architectural elements. However, some important conclusions could already be made. Superficial contact in the neighbourhood, such as in the dog park, is helpful to people when stepping into the role of citizen again and out of the role of patient.

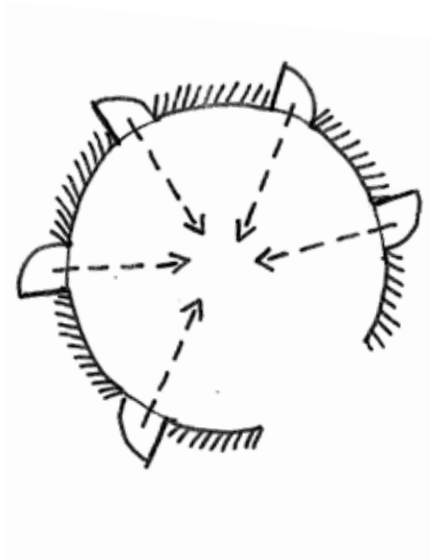
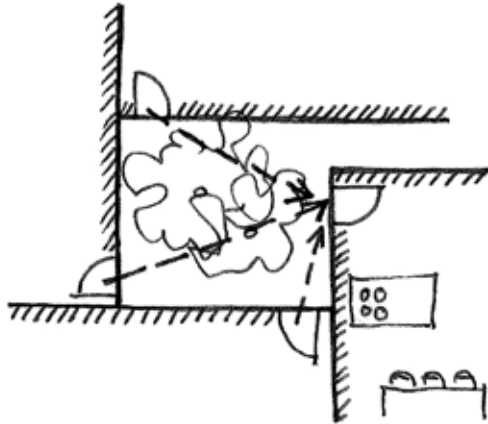
Example architectural principle: superficial contacts



Also, the contact with peers is important for people when living independent. One of the conclusions that could be made from the best practices is that public facilities seem to be an ingredient for integration. These facilities are mostly made visible from outside the building, accessible for the public.

The interviews were held with mental health care institutions as well as with patients by means of a boardgame developed by me, named 'How To Live?' [in dutch: 'Hoe Te Wonen?']. The game is a board on which the players place four types of wooden blocks: the vulnerable resident with a psychiatric disorder, the 'normal' resident, care and public functions. Through the literature research some hypotheses could be made, which will be presented to the players. The game is a way to be able to talk about this socially engaged subject in a spatial way. The most striking outcome is that it is of importance for people to be able to live with peers and share facilities with them. Patients themselves stressed the importance, while care institutions thought more from the vision of the participation society where people have to live on their own in the neighbourhood. The position of the house in the neighbourhood is of importance, it's preferably situated in a calm area with the presence of facilities and care nearby. Houses could be situated around a garden, courtyard or small square to enhance social contact. The house itself should be simple and legible, with space for living, however not so much that it enhanced cluttering and stimuli.

Example architectural principle: living with peers



The architectural principles serve as a method of testing the design. Even though the design itself is positioned on a specific location, these principles are a general guideline for designing for living independent with a psychiatric disorder. In my design a few principles stand out. Each principle will be explained by means of the translation into the design.

- Dwellings situated in a calm area

The dwellings will be situated in Charlois, a neighbourhood in the south of Rotterdam. In this neighbourhood some mental institutions are present; in general, if patients are ready to live outside of the institution, they prefer the same neighbourhood this offers them familiarity. The ensemble is located within an existing housing block, which offers the realm of the inner space in the block. The houses are situated around a courtyard to enhance social contact. Last, a continuous plinth is shaped at the sides of the street, to keep the ensemble together, to be able to form a community within.

- Living with peers

In the design this is translated into the clustering of multiple houses around the courtyard. Within these houses there is a gradation from living with care and support into living more independent, though always having the support of peers. Gradually, when being able to live more independently, people will have more facilities for themselves. Vice versa, when being more vulnerable, people share more facilities. This also has to do with the fact that people with a psychiatric disorder tend to withdraw themselves from social contacts. Enhancing these contacts, especially with peers, helps people cope with their disorder and offers support. Last, it helps people to live in the now, instead of swell in their inner world. The more independently people are able to live, the more their houses shift towards the street, towards society. In the realm, behind the courtyard, is a 'housing first', a shelter for those in need [in dutch: 'een crisisopvang']. This place offers people a place to rest, with a secluded garden. Nature is shown to be helpful when being in a moment of crisis.

Urban plan: existing and project



- Simple and legible houses

Houses should be simple, legible and small. This has to do with that people with a psychiatric disorder in general have little money, since a large part of this group has no employment (or is not able to). Also, there is a tendency to 'clutter' their space for living when it's too large. However, space to 'live', symbolically, is important, and gives room for thought. The more independent people live, the larger their personal space becomes, ranging from sharing a room to having an apartment of 50 m². The spaces for living are also offered by means of the public outdoor space and the shared facilities. The densifying of the location and the small houses give space for these elements. Stimuli should not be enhances, thus every function is offered it's own place within the house.

- The presence of public facilities

The former already spoke about the presence of public facilities. These are offered by means of a courtyard (closed at night), a laundromat, a restaurant and the presence of care. All these facilities can be used by the inhabitants, but also by the neighbourhood. Paths from the street towards the courtyard make the ensemble passable, open to the outside world. Inclusion is partly an illusion because people with psychiatric disorders have lived outside of the city in institutions for so long, that we might simply not be used to their presence in our neighbourhoods anymore. Making a ensemble that is open to the other, yet enhances support within, might just be a means to offer familiarity.

